FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORM 1 (See instructions)		Office use only
NAME OF COMMITTEE (in	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
Charles Boust	any JR MD for Congress, INC		
ADDRESS (number and	PO Box 80126		
X (Check if address is changed)	Lafayette		LA 70598 _ 0126
		CITY	STATE▲ ZIP CODE ▲
cfs@talentpay			1
	PAGE ADDRESS (URL)		
www.charlesb	oustany.com		
COMMITTEE'S FAX N 3016568343	IUMBER		
2. DATE 0.3	/ D D / Y Y Y Y Y 1 3		
3. FEC IDENTIFICA	TION NUMBER	C C00394866	
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)			
I certify that I have exami	ned this Statement and to the best of my	knowledge and belief it is true, correct ar	nd complete
Type or Print Name of	Treasurer Alan Hebert		
Signature of Treasurer	Electronically Filed by Alan H	ebert	Date 03 / DD / YYYYY
NOTE: Submission of fal	·	may subject the person signing this Stat	tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530	